

State of New Jersey
PRESCRIPTION BLANK

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BATCH # MDI-20130903-IM0217594-32

DEA # BM 6743858
LIC. # 25MA07035400
NPI # 1447313663

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐ 003305
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Auneet Kaur D.O.B. 11/27/13
ADDRESS _____ DATE 11/27/13

Rx

Above Pt has
⊖ reading for
TB skin test
received 11/25 - read 11/27

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL _____ SIGNATURE OF PRESCRIBER
REFILL _____ TIMES M. Borghini (LF)

Use separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW